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CONFIRMATION NO. 8955

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. OM148
10/764,020		604	3767	

APPLICANTS

Colin G. Hodge, Ellicott City, MD;
 Matthew L. Severns, Gaithersburg, MD;

** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 04/28/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance DKH Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		MD	3	23	3

ADDRESS

ROGER M. RATHBUN
 13 MARGARITA COURT
 HILTON HEAD ISLAND, SC 29926
 UNITED STATES

TITLE

Medical overflow protective device

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